1611 North Liberty Street
Harrisonburg, VA 22802
(540)434-6331
www.hahpets.com

Please read & sign this form. If you have any questions, we will be glad to assist you.

DAY BOARDING POLICIES AND ADMISSION FORM

CAT REQUIREMENTS:

☐ Physical Exam within last calendar year
☐ Current Rabies vaccine
☐ Current Feline Distemper-Upper Respiratory (RCP) vaccine

DOG REQUIREMENTS:

☐ Physical Exam within last calendar year
☐ Current Rabies vaccine
☐ Current Canine Distemper-Parvo (DHLP/DHPP) vaccine
☐ Current Bordetella (BV) vaccine
☐ Negative heartworm test within the last calendar year
☐ Proof of year-round heartworm preventative. (An annual fecal test is **required** if we do not have proof of the dog being on a consistent heartworm preventative.)

Liability Release Form and Boarding Intake Form must be completed for dogs to use outdoor play yard and interact with other dogs. Please refer to these forms for general guidelines.

RATES PER DAY:

DOGS: **$29**   **CATS: $17**

PREPAID PACKAGES

5 Days: $130   **10 Days: $250**

ADDITIONAL CHARGES WHICH MAY APPLY:
Administer Daily Medications: $8 per day
Aggressive Animal: $18 additional per day

OWNER'S RELEASE

The Hospital and staff are not held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarian, and I assume full responsibility for the treatment expense. The Hospital does not accept responsibility for any pet that escapes our custody, but a reasonable effort will be made to reclaim the pet, i.e.: one staff member searching for one hour. If I neglect to pick up my pet within 5 days of the scheduled discharge and do not notify you within that period, you may assume the pet is abandoned and are hereby authorized to dispose of the pet, as you deem best/and or necessary. I have read and fully understand the boarding policies and regulations.

Signature of Pet Owner_____   Date:_____
Emergency Contact Phone: _____